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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L98993 (3)

1. Corporation Name
MCEWEN & ASSOCIATES, INC.

Principal Place of Business
782 W. MONTROSE ST.
CLERMONT FL 34711
US

Mailing Address
~~782 W. MONTROSE ST.~~
~~CLERMONT FL 34711-2122~~
~~US~~



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 644 SE 4 Avenue		09/01/1990		04/04/1996	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Zip		28 Fort Lauderdale, FL		65-0231644		Not Applicable	
24 Country		29 33301		5. Certificate of Status Desired		8.75 Additional Fee Required	
		30 USA		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOLDEN, E SCOTT 644 SE 4TH AVE FT LAUDERDALE FL 33301				61 Name			
				62 Street Address (P.O. Box Number is Not Acceptable)			
				63			
				64 City			
				FL 65 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	MCEWEN, TERRY	1.2 NAME	
STREET ADDRESS	11435 LANE PARK ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	1.4 CITY-ST-ZIP	TAVARES, FL 32778
TITLE	DST	2.1 TITLE	
NAME	MCEWEN, YVONNE	2.2 NAME	
STREET ADDRESS	11435 LANE PARK ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	2.4 CITY-ST-ZIP	TAVARES, FL 32778
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-97

(352) 242-2335

Date

Daytime Phone #

CR2E034 (9/96)